

Parcel #  
102-57-030

# ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor  
Phoenix AZ 85007-2934  
www.azliquor.gov  
(602) 542-5141

RECD on  
8/24/16  
by ARLOS

Date payment received \_\_\_\_\_

CSR Initials \_\_\_\_\_

## APPLICATION FOR EXTENSION OF PREMISES/PATIO PERMIT

THIS APPLICATION MUST BE RETURNED TO THE DEPARTMENT OF LIQUOR

☐ Permanent change of area of service. A non-refundable \$50 fee will apply. Specific purpose for change: \_\_\_\_\_

☒ Temporary change for date(s) of: 10/13/16 through 10/14/16 List specific purpose for change: \_\_\_\_\_

2016 Arizona Rally

1. Licensee's Name: URCADEZ Leonel A  
2. Mailing Address: P.O. Box 614 NACO AZ 85620  
3. Business Name: GAY 90'S BAR City State Zip  
4. Business Address: 3856 S. Towner NACO Cochise AZ 85620  
5. Business Phone: 520 432-4677 Residence Phone: 520 432-2377

6. Do you understand Arizona Liquor Laws and Regulations? ☒ YES ☐ NO Fax #: 520 432-8928 (Susana)

7. Have you received approved Liquor Law Training? ☐ NO ☒ YES If so, when does your Certificate expire? 1/1/17

8. What security precautions will be taken to prevent liquor violations in the extended area? extra bartenders + hiring extra

9. Does this extension bring your premises within 300 feet of a church or school? ☐ YES ☒ NO worked to watch outside

10. IMPORTANT: ATTACH THE REVISED FLOOR PLAN CLEARLY DEPICTING YOUR LICENSED PREMISES AND WHAT YOU PROPOSE TO ADD.

☐ Barrier Exemption: an exception to the requirement of barriers surrounding a patio/outdoor serving area may be requested. Barrier exemptions are granted based on public safety, pedestrian traffic, and other factors unique to a licensed premises. List specific reasons for exemption: \_\_\_\_\_

Road will be closed.

Investigation Recommendation ☐ Approval ☐ Disapproval by: \_\_\_\_\_ Date: 1/1

\*\*\*\*After completing sections 1-10, please take this application to your local Board of Supervisors, City Council or Designate for their recommendation. This recommendation is not binding on the Department of Liquor.

This change in premises is RECOMMENDED by the local Board of Supervisors, City Council or Designate:

(Authorized Signature)

(Title)

(Agency)

I, LEONEL URCADEZ, being first duly sworn upon oath, hereby depose, swear and declare, (Print full name)

under penalty of perjury, that I am the APPLICANT making the foregoing application. I have read this application and the contents and all statements are true, correct and complete.

State of Arizona County of Cochise  
SUBSCRIBED IN MY PRESENCE AND SWORN TO before me this date

25th 7 August 2016  
Day Month Year

Luz Maria F. Valdez  
(Signature of NOTARY PUBLIC)

My commission expires on: Feb. 24, 2017  
OFFICIAL SEAL  
LUZ MARIA F. VALDEZ  
Notary Public - State of Arizona  
COCHISE COUNTY  
My Comm. Expires Feb. 24, 2017

Investigation Recommendation ☐ Approval ☐ Disapproval by: \_\_\_\_\_ Date: 1/1

Director Signature required for Disapprovals \_\_\_\_\_ Date: 1/1

12/26/2012 \*Disabled individuals requiring special accommodation, please call the Department (602) 542-9027.

MARTINEZ

IRMA'S  
CROCHERS  
NOT USED

Thunder  
Mountain  
NOT USED

COPY 90'S

Side walk  
20  
feet

COPY 90'S

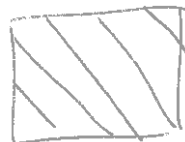
Parking

120 feet

5

TOWER

Permit  
AREA



OLD  
PART OF ENTIRE  
NOT  
USED